

SUPPLEMENTAL UTILITY DECLARATION
AND POWER OF ATTORNEY
Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **THERAPEUTIC ADMINISTRATION OF THE SCRAMBLED ANGIOGENIC PEPTIDE C16Y** the specification of which

(Check One)

is attached hereto OR

was filed as United States Application No. 10/588,884, which is a National Stage Entry of PCT/US2004/004142 filed on February 12, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
	PCT/US2004/004142	February 12, 2004	Pending

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 45145. Please direct all telephone calls to Michael J. Wise or Patrick D. Morris at (310) 788-9900 and address all correspondence to:

Customer No. 45145
 Perkins Coie LLP/NIH
 Patent – LA
 P.O. Box 1208
 Seattle, WA 98111-1208
 Phone: (310) 788-9900
 Fax: (206) 332-7198

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Karl	MIDDLE Initial G.	LAST Name Csaky
	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizenship U.S.A.
	POST OFFICE ADDRESS	4306 Dresden St.	City Kensington	State or Country MD
INVENTOR'S SIGNATURE <i>Thelma L. Lewis</i>			DATE <i>9/16/02</i>	

202	FULL NAME OF INVENTOR	FIRST Name Hynda	MIDDLE Initial	LAST Name Kleiman
	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizenship U.S.A.
	POST OFFICE ADDRESS	9710 Hill Street	City Kensington	State or Country MD
INVENTOR'S SIGNATURE _____			DATE _____	

203	FULL NAME OF INVENTOR	FIRST Name Lourdes	MIDDLE Initial	LAST Name Ponce
	RESIDENCE & CITIZENSHIP	City Germantown	State or Foreign Country MD	Country of Citizenship U.S.A.
	POST OFFICE ADDRESS	21304 Purple Aster Court	City Germantown	State or Country MD
INVENTOR'S SIGNATURE _____			DATE _____	

Patent
41743.8005.US00

**SUPPLEMENTAL UTILITY DECLARATION
AND POWER OF ATTORNEY
Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **THERAPEUTIC ADMINISTRATION OF THE SCRAMBLED ANGIOGENIC PEPTIDE C16Y** the specification of which

(Check One) is attached hereto OR
was filed as United States Application No. 10/588,884, which is a National Stage Entry of PCT/US2004/004142 filed on February 12, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes	Priority Claimed No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
	PCT/US2004/004142	February 12, 2004	Pending

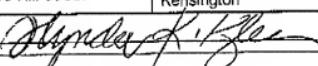
Patent
41743-8005.US00

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 45145. Please direct all telephone calls to Michael J. Wise or Patrick D. Morris at (310) 788-9900 and address all correspondence to:

Customer No. 45145
Perkins Coie LLP/NIH
Patent - LA
P.O. Box 1208
Seattle, WA 98111-1208
Phone: (310) 788-9900
Fax: (206) 332-7198

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR Karl	FIRST Name Karl	MIDDLE Initial G.	LAST Name Csaky
	RESIDENCE & CITIZENSHIP City Kensington	State or Foreign Country MD	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS 4306 Dresden St.	City Kensington	State or Country MD	Zip Code 20895
INVENTOR'S SIGNATURE _____			DATE _____	

202	FULL NAME OF INVENTOR Hynda	FIRST Name Hynda	MIDDLE Initial 	LAST Name Kleinman
	RESIDENCE & CITIZENSHIP City Kensington	State or Foreign Country MD	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS 9710 Hill Street	City Kensington	State or Country MD	Zip Code 20895
INVENTOR'S SIGNATURE 			DATE Aug 26, 2007	

203	FULL NAME OF INVENTOR Lourdes	FIRST Name Lourdes	MIDDLE Initial 	LAST Name Ponce
	RESIDENCE & CITIZENSHIP City Germantown	State or Foreign Country MD	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS 21304 Purple Aster Court	City Germantown	State or Country MD	Zip Code 20876
INVENTOR'S SIGNATURE _____			DATE _____	

SUPPLEMENTAL UTILITY DECLARATION
AND POWER OF ATTORNEY
Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **THERAPEUTIC ADMINISTRATION OF THE SCRAMBLED ANGIOGENIC PEPTIDE C16Y** the specification of which

(Check One) is attached hereto OR
 was filed as United States Application No. 10/588,884, which is a National Stage Entry of PCT/US2004/004142 filed on February 12, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes	No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned
	PCT/US2004/004142	February 12, 2004	Pending

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 45145. Please direct all telephone calls to Michael J. Wise or Patrick D. Morris at (310) 788-9900 and address all correspondence to:

Customer No. 45145
 Perkins Coie LLP/NIH
 Patent - LA
 P.O. Box 1208
 Seattle, WA 98111-1208
 Phone: (310) 788-9900
 Fax: (206) 332-7198

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Karl	MIDDLE Initial G.	LAST Name Csaky	
	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	4306 Dresden St.	City Kensington	State or Country MD	Zip Code 20895
INVENTOR'S SIGNATURE _____			DATE _____		

202	FULL NAME OF INVENTOR	FIRST Name Hynda	MIDDLE Initial	LAST Name Kleiman	
	RESIDENCE & CITIZENSHIP	City Kensington	State or Foreign Country MD	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	9710 Hill Street	City Kensington	State or Country MD	Zip Code 20895
INVENTOR'S SIGNATURE _____			DATE _____		

203	FULL NAME OF INVENTOR	FIRST Name Lourdes	MIDDLE Initial	LAST Name Ponce	
	RESIDENCE & CITIZENSHIP	City Germantown	State or Foreign Country MD	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	21304 Purple Aster Court	City Germantown	State or Country MD	Zip Code 20876
INVENTOR'S SIGNATURE <i>Lourdes Ponce</i>			DATE <i>8/1/07</i>		